

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36565

State File No.

FILED NOV 13 1953
BIRTH NO. 124 REG. DIST. NO. 215 PRIMARY REG. DIST. NO. 5783 Registrar's No. 113

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Miller</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Missouri</p>		b. COUNTY <p style="text-align: center;">Miller</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Iberia, Mo Rural</p>		c. LENGTH OF STAY (in this place) <p style="text-align: center;">Life</p>		c. CITY OR TOWN <p style="text-align: center;">Iberia, Mo Rural</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">None</p>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) a. (First) <p style="text-align: center;">Harley</p>			b. (Middle) <p style="text-align: center;">Everett</p>		
c. (Last) <p style="text-align: center;">Long</p>			4. DATE OF DEATH (Month) (Day) (Year) <p style="text-align: center;">Oct. 29 1953</p>		
5. SEX <p style="text-align: center;">Male</p>	6. COLOR OR RACE <p style="text-align: center;">White</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">Widowed</p>	8. DATE OF BIRTH <p style="text-align: center;">Jan 22, 1895</p>		9. AGE (In years last birthday) <p style="text-align: center;">58</p>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">Farmer</p>	10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center;">None</p>	11. BIRTHPLACE (City and State or Foreign Country) <p style="text-align: center;">Iberia, Missouri</p>		12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">USA</p>	
13a. FATHER'S NAME <p style="text-align: center;">James Long</p>		13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Margaret Unknown</p>		14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Sally Long</p>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center;">NO</p>		16. SOCIAL SECURITY NO. <p style="text-align: center;">Unknown</p>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <p style="text-align: center;">Delphia Jenkins Dixon, Mo Rural</p>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <p style="text-align: center;"><i>Myocardial failure</i></p> ANTECEDENT CAUSES DUE TO (b) <p style="text-align: center;"><i>chronic nephritis</i></p> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			INTERVAL BETWEEN ONSET AND DEATH <p style="text-align: center;">1 month.</p> <p style="text-align: center;">Yes.</p>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <p style="text-align: center;">592X</p>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>June</u> , 19 <u>53</u> , to <u>Oct 29</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Oct 29</u> , 19 <u>53</u> , and that death occurred at <u>12:50 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <p style="text-align: center;"><i>W.M. A. Gould</i></p>		23b. ADDRESS (Degree or title) <p style="text-align: center;">DO</p>		23c. DATE SIGNED <p style="text-align: center;">10/31/53</p>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">Burial</p>		24b. DATE <p style="text-align: center;">Oct. 31/53</p>		24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Pleasant Hill</p>	
24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Iberia, Missouri Rural</p>		25. FUNERAL HOME SIGNATURE ADDRESS <p style="text-align: center;">Wheat Ridge Home Iberia, Mo</p>			
DATE REC'D BY LOCAL REG. <p style="text-align: center;">Nov. 1 - 1953</p>		REGISTRAR'S SIGNATURE <p style="text-align: center;">Jessie Perkins</p>		19 <u>53</u>	

No. 12

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Walter P. Hayes*

Licensed Embalmer No. *4265*

P. O. Address *Benning, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.